



COMMERCE AND INSURANCE  
**TENNESSEE COMMISSION ON FIRE FIGHTING**  
500 James Robertson Parkway, Suite 630  
Nashville, TN 37243 – 615-741-6780

\_\_\_\_\_  
DATE (PRINT OR TYPE)

\_\_\_\_\_  
FIRE DEPARTMENT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
PHONE NUMBER FAX NUMBER

\_\_\_\_\_  
CHIEF (PRINT OR TYPE)

\_\_\_\_\_  
E-MAIL ADDRESS

**FOR COMMISSION USE ONLY**

Rec'd: \_\_\_\_\_  
App'd: \_\_\_\_\_  
Iss'd: \_\_\_\_\_  
Fld Rep: \_\_\_\_\_  
Pres Date/Time: \_\_\_\_\_

\_\_\_\_\_  
NEW UPDATE

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
TRAINING OFFICER (PRINT OR TYPE)

\_\_\_\_\_  
E-MAIL ADDRESS

**APPLICATION FOR PROGRAM CERTIFICATION**

The above named fire department hereby petitions the Tennessee Commission on Fire Fighting Personnel Standards and Education for accreditation into the State Certification Program. If elected to participate in the program, the above named fire department certifies to the Commission that the program will be administered by a Training Committee which has been appointed by the Fire Chief and whose signatures appear on this application and who will operate under the direction of the Training Officer. The above named fire department pledges that the performance standards used for training will meet or exceed the appropriate National Fire Protection Association (N.F.P.A.) Standards which have been adopted by the Commission. The above named fire department further pledges to ensure that fire service personnel who are recommended to the Commission for certification testing have satisfactorily completed all phases or required performance testing prior to challenging the written examination for level of certification sought. The Commission requires a minimum of three (3) members on the Training Committee and the Training Committee must have equal representation of Department Officers and Department Employees. **This form must be completed and returned to the Commission Office when there is a change in the Chief, Training Officer or Training Committee.**

\_\_\_\_\_  
Chief of Department Signature

\_\_\_\_\_  
Training Officer of Record Signature

**DEPARTMENT TRAINING COMMITTEE SIGNATURES**

\_\_\_\_\_  
CHAIRMAN (DO NOT TYPE)

\_\_\_\_\_  
SECRETARY (DO NOT TYPE)

\_\_\_\_\_  
VICE CHAIRMAN (DO NOT TYPE)

\_\_\_\_\_  
MEMBER (DO NOT TYPE)

\_\_\_\_\_  
MEMBER (DO NOT TYPE)

\_\_\_\_\_  
MEMBER (DO NOT TYPE)

\_\_\_\_\_  
MEMBER (DO NOT TYPE)

\_\_\_\_\_  
MEMBER (DO NOT TYPE)

DATE \_\_\_\_\_  
FIRE DEPARTMENT \_\_\_\_\_  
APPLICANT'S NAME \_\_\_\_\_

<b><u>FOR COMMISSION USE ONLY</u></b>
Rec'd: _____
App'd: _____
Class #: _____
Issd: _____

APPLICANT'S SOCIAL SECURITY NUMBER \_\_\_\_\_ FDI-1 CERTIFICATION NO. (IF APPLICABLE) \_\_\_\_\_

**APPLICATION FOR**  
**INTERIM FIRE DEPARTMENT INSTRUCTOR**

The \_\_\_\_\_ Fire Department hereby petitions the Tennessee Commission on Fire Fighting Personnel Standards and Education for Interim Fire Department Instructor Classification, not to exceed a period of three (3) years, and cannot be renewed, for: \_\_\_\_\_, who has been a member of a fire department for \_\_\_\_\_ years. As chief of the department, I certify to the Commission that the applicant has read, fully understands and conforms to all the requirements of Interim Instructor as prescribed in Section 0360-2-2-.01, paragraphs (1) through (3) of the Commission's Rules and Regulations.

Chief (DO NOT TYPE) \_\_\_\_\_ Applicant (DO NOT TYPE) \_\_\_\_\_

=====

We, the members of the Training Committee, established by the Fire Department named on this application and appointed by the Chief of the Department, verify that we have reviewed the qualifications of the above named applicant and are in full agreement that the applicant meets all the requirements for Interim Instructor classification and we recommend that this applicant be approved.

This recommendation is made by majority vote of the members. The roll call vote was recorded as follows:  
**(NOTE: SIGNATURES OF COMMITTEE MEMBERS MUST BE IN OWN HANDWRITING)**

	AYE	NO	ABSTAIN
CHAIRMAN (DO NOT TYPE)	_____	_____	_____
VICE CHAIRMAN (DO NOT TYPE)	_____	_____	_____
SECRETARY (DO NOT TYPE)	_____	_____	_____
MEMBER (DO NOT TYPE)	_____	_____	_____
MEMBER (DO NOT TYPE)	_____	_____	_____
MEMBER (DO NOT TYPE)	_____	_____	_____
MEMBER (DO NOT TYPE)	_____	_____	_____